



**POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
STATEMENT OF ORGANIZATION**

State Form 28251 (R9/9-09)

Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Eudaimonia			3. Acronym or Abbreviated Name (if any) NA		
4. Mailing Address (Address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 2108 North Meridian St., #24			5. E-mail Address (Optional) jowilliams_jojo_joann@yahoo.com		
6. City Indianapolis	State IN	ZIP Code 46202	7. FAX (Optional) ()	8. Telephone (317) 460-1067	9. Committee Organization Date (MM-DD-YY) 01/14/15
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
12. State the purpose of the committee and on which issues the committee expects to focus. Legislative initiatives governing quality of life issues for minorities especially African-American and Latino					
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual. NA			14. Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input type="checkbox"/> No Check party affiliation if applicable: <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Other Independent		
15. If supporting or opposing a public question, state both the subject of the question AND the committee position. - NA -					

16. Chairperson's Name <input type="checkbox"/> Check if this is a new chairperson JoAnn Williams			17. E-mail Address (Optional) jowilliams_jojo_joann@yahoo.com		
18. Mailing Address <input type="checkbox"/> Check if this is a new address 2108 North Meridian St., #24			19. Telephone (Day) (317) 460-1067		20. Telephone (Evening) (317) 460-1067
21. Treasurer's Name <input type="checkbox"/> Check if this is a new treasurer			22. E-mail Address (Optional)		
23. Mailing Address <input type="checkbox"/> Check if this is a new address			24. Telephone (Day) ()		25. Telephone (Evening) ()
26. Custodian of Records' Name <input type="checkbox"/> Check if this is a new custodian JoAnn Williams			27. E-mail Address (Optional) jowilliams_jojo_joann@yahoo.com		
28. Mailing Address <input type="checkbox"/> Check if this is a new address 2108 North Meridian St., #24			29. Telephone (Day) (317) 460-1067		30. Telephone (Evening) (317) 460-1067

31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)

SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer	Signature of the Committee Chairperson
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SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.		
34. Typed or Printed Name of Treasurer JoAnn Williams	Signature of Treasurer <i>JoAnn Williams</i>	Date (MM-DD-YY) 01/14/15

SECTION D. CERTIFICATION OF STATEMENT

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.

35. Typed or Printed Name of Chairperson JoAnn Williams	Signature of Chairperson <i>JoAnn Williams</i>	Date (MM-DD-YY) 01/14/15
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Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

FOR OFFICE USE ONLY

FILED

JAN 14 2015

Myla A. Eldridge